

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 93-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8562	2. Fiscal Year Covered From: 01/01/04 Through 12/31/04
3. Name and address of person filing. Name JANICE D. OLIVER	4. Name, file number, and address of labor organization. 000093 Name INTERNATIONAL BROTHERHOOD OF TEAMSTERS Labor Organization File Number 000093
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 25 LOUISIANA AVE NW	Street 25 LOUISIANA AVE NW
City WASHINGTON D.C.	City WASHINGTON
State D.C. ZIP Code + 4 20001	State D.C. ZIP Code + 4 20001
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income [Large empty box]
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount [Large empty box]
Street	
City	
State ZIP Code + 4	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed Janice D. Oliver

On **8-12-05** Date **(302) 634-8741** Telephone Number

Name of Person Filing JANICE D. OLIVER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NATIONAL COORDINATING COMMITTEE
FOR MULTITEMPLOYER PLANS**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **815 16th STREET N.W.**City **WASHINGTON**State **D.C.**ZIP Code + 4 **20006**

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NATIONAL COORDINATING COMMITTEE
FOR MULTITEMPLOYER PLANS**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **815 16th STREET N.W.**City **WASHINGTON**State **D.C.**ZIP Code + 4 **20006**

11.a. Nature of such dealing.

**MEMBER OF ORGANIZATION -
ADVOCACY / ADVOCACY OF MULTITEMPLOYER
PENSION & HEALTH & WELFARE PLANS**

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

**DISTINGUISHED SERVICE AWARD
(ENGRAVED PLAQUE) #155 (APPROX)
SPEAKER GIFT: PEWTER VALET BOX
#43 (APPROX)**

12.b. Amount.

A 750

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

14.b. Is the Business an Employer <input type="checkbox"/>	or Consultant <input type="checkbox"/>	?
14.c. Amount of payment.		

Name of Person Filing JANICE D. OLIVER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

3. Name and address of Business (including trade name, if any).

Name THE SHEET METAL & AIR CONDITIONING
CONTRACTORS NATIONAL ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 305 FOURTH ST. N.E.City WASHINGTONState D.C.ZIP Code + 4 20002

8. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name THE SHEET METAL & AIR CONDITIONING
CONTRACTORS NATIONAL ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 305 FOURTH ST. N.E.City WASHINGTONState D.C.ZIP Code + 4 20002

11.a. Nature of such dealing.

INDUSTRY ADVANCEMENT
ACTIVITY

11.b. Approximate dollar value of such dealing.

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12.a. Nature of interest held or income received.

DINNERAMOUNT UNKNOWN
(MORE THAN \$25)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4

14.a. Nature of payment.

<u></u>

13.b. Is the Business an Employer or Consultant ??

14.b. Amount of payment.

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